Rate Floor Data

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PIOCK.	l - Contact Inforr	nation	- A			
ROW#	DATA ELEMENT			FORMAT OF REQUESTED DATA		RESPONSE
1	Carrier Study Area Code			6 numeric digits	290557	
2	Carrier Study Area Name			alpha characters	Century-Claibor	ne
3	Service Provider Identification Number			9 numeric digits	143001626	
4	Residential Local Service Charge Effective Date			mm/dd/yyyy	6/1/2014	
5	Contact Name			alpha characters	Ken Buchan	3 2 3 2 3 3
6	Contact Telephone Number (include area code)			9 numeric digits	(318) 362-1538	
7	Sheet number			numeric digit(s)	1	323
8	Total Number of Sheets			numeric digit(s)	1	15MA
	Column 1 Residential Local Service Charge	Column 2 State Subscriber Line Charge	Column 3 State Universal Service Fee	Column 4 Mandatory Extended Area Service Charge	con Fees, and Column 5 Loops	Line Counts
	2 27.22	222				
9	\$ 14.90	NA NA	NA	NA	-8	
10	\$ 14.90	NA	NA	NA		
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

Certification of C	fficer as to the Accuracy of the Data Reported f	or the Rate Floor Data
	orting carrier; my responsibilities include ensuring the accidedge, the information reported on this form is accurate.	curacy of the actual rate floor data
Name of Reporting Carrier: CenturyTel of Clai	borne, Inc. d/b/a CenturyLink Claiborne	
Signature of authorized officer:	22	Date 6/20/14
Printed name of authorized officer: David D. Cole		
Title or position of authorized officer: Executive Vi	e President of Operations Support and Controller	
Telephone number of authorized officer: (318) 38	8 - 9000, ext	
Study Area Code of Reporting Carrier	Filing Due Date for this form (mm/dd/yyyy)	7/1/2014